

FILED EFFECTIVE

No. W 18087	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT DERRICK																																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. R & J SERVICES LLC 122 BARN RD POLLOCK ID 83547 <i>120 BARN RD</i>		120 BARN RD POLLOCK ID 83547 3. New Registered Agent Signature: <i>Robert G. Derrick</i> ROBERT G. DERRICK																																		
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JANET M. BARCELO</td> <td>120 Barn Rd</td> <td>Pollock</td> <td>ID</td> <td></td> <td>83547</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert G. DERRICK</td> <td>120 BARN RD</td> <td>Pollock</td> <td>ID</td> <td></td> <td>83547</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JANET M. BARCELO	120 Barn Rd	Pollock	ID		83547	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert G. DERRICK	120 BARN RD	Pollock	ID		83547	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>					
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5. Organized Under the Laws of: IDAHO W 18087		6. Signature: <i>Robert G. Derrick</i> Date: <i>5-19-16</i> Name (type or print): <i>Robert G. DERRICK</i> Title: <i>MANAGER</i>																																			

Issued 05/13/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM